Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>4-24-2010</u>	Address:	<u>6290 E. 400 S</u>
Case #:	<u>24F31430</u>	,	Pierceton IN, 46580
County:	<u>Kosciusko</u>		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) te (only)	☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s): Garage			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: Garage			
Anhydrous Ammonia: Garage			
Hydrochloric Acid Gas Generator(s): Garage			
Corrosive Acid: Garage			
Corrosive Base:			
Other (item and location):			
\square Yes $\underline{0}$ (er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	e Information e/Pseudoephedrine Tracking Log erchant Tip ock and Talk
This report	t is to be faxed to the following agen	cies that serve the lo	ocation:
Fire Depart	ment: Pierceton FD	Fax: <u>574-594-2132</u>	
Health Department: Kosciusko County HD		Fax: <u>(574)</u> Fax:	
Child Prote	ction Service:		•
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Trn. Andrew Cochran Phone 574-546-4900			

Investigating Officer: <u>Trp. Andrew Cochran</u> Phone <u>574-546-4900</u>

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.